



RULE 2202 - REGISTRATION FORM

YEAR: SITE ID:

T Y P E O R P R I N T A L L I N F O R M A T I O N

Section I - General Information

Employer/Organization Name: _____

Worksite Address: _____

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Contact Name: Mr./Mrs./ Ms. _____

(Circle one)

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____

Area Code

E-Mail Address: _____

Fax Number: () _____

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: Mr./Mrs./ Ms. _____

(Circle one)

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____

Area Code

E-Mail Address: _____

Fax Number: () _____

Area Code

Has this person completed the Rule 2202 ETC Training?

Yes _____ (If Yes, please attach copy of certificate, unless previously submitted)

No _____ (If No, please provide date you are scheduled to attend) _____

Highest Ranking Official at this Site: Mr./Mrs./ Ms. _____

(Circle one)

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____

Area Code

E-Mail Address: _____

Fax Number: () _____

Area Code

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official or individual responsible for allocating program resources: _____

Date: _____



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Section I (continued)

Worksite Employment:

- Total number of employees reporting to this worksite: _____
- Total number of employees reporting to this worksite within the designated peak window: _____
- If you excluded Police/Sheriff/Federal Field Agents from the peak window employees, please indicate the total number of agents excluded: _____ (Partially reporting these employees is not acceptable)
- Total number of fleet vehicles located at this worksite: _____ (Note: This information is only required from those employers filing an Employee Commute Reduction Program and have not met the corresponding Performance Zone Target AVR)

Check One Box Only

Select Type of Program:

☐**Air Quality Investment Program** (Complete Sections I, II) pages 1-3.☐**Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-9 and corresponding Appendices, if applicable.☐**Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25 and corresponding Appendices, if applicable.☐**Employee Commute Reduction Program Offset** (Complete Sections I, IV-1, and IV-3) pages 1-2, 5-9, and 26, and corresponding Appendices, if applicable.☐**Employee Commute Reduction Program High AVR No Fault Inspection** (Complete Sections I, IV) pages 1-2 and 5-9, and corresponding Appendices, if applicable. Include your Compliance Pass Letter (No Filing Fee Required).

Note: This type of program cannot be used when filing a first year program.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 Copley Drive
Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1st. Please call our Transportation Fee Line at (909) 396-FEES for latest information, or visit our Web Site at www.aqmd.gov to download Rule 308 and Rule 311.

Site Street Address, City, Zip	Total # of Employees	Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
Late Fees, if applicable: (50% of filing fee)		<input type="text"/>
Total Fees Submitted:		<input type="text"/>



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Section III

Emission/Trip Reduction Strategies Option

1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday.

2. **Enter** the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.
Mark below how the CCVR was determined (see Supplemental Worksheets in Appendix B).

Check one: AVR Survey* _____ Default AVR (1.1) _____

*Complete Section IV-1 AVR Verification Process (pages 5-8)

Alternative Method _____ Certification Number & Date _____

Other _____ (requires prior approval)

Emission Reduction Target (ERT) Calculation

VOC

NOx

CO

3. **Enter** the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B).

Check one: Zone 1 _____ Zone 2 _____ Zone 3 _____

4. **Multiply** Line 1 times Line 3 and enter the results.

5. **Enter** the Emission Factors for Vehicle Trip Emission Credits.
(see Table 2 in Appendix B).

6. **Multiply** Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).

7. **Subtract** Line 6 from Line 4 and enter the results.
This is your EMISSION REDUCTION TARGET (ERT).
STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.

Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area

VOC

NOx

CO

8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).

9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.).
For non-peak CCVR credits, **divide** the off-peak CCVR by 1.15; **enter** the adjusted CCVR here: _____ **Multiply** adjusted CCVR by line 5 and **enter** the results.

10. **Enter** the sum of Lines 8 and Line 9.

11. **Subtract** Line 10 from Line 7 and enter the results.
This is your Net EMISSION REDUCTION TARGET (ERT).
STOP here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credits to AQMD